## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES	NOTICE FILING				
AGENCY NAME Mississippi Department of Archives and History		CONTACT PERSON Amanda Lyons	TELEPHONE NUMBER (601) 576-6865		
ADDRESS 200 North Street		CITY Jackson	4 maggarana	IP 9201	
EMAIL alyons@mdah.state.ms.us	SUBMIT DATE 8/27/15	Name or number of rule(s): Part 2 Chapter 4, Part 2 Chapter 6			
Short explanation of rule/amendment clarify issues related to fees and productions, research cards, closures, items issues related to reference staffing an copies, and response time.  Specific legal authority authorizing the List all rules repealed, amended, or sure Access and Reference Services  ORAL PROCEEDING:  An oral proceeding is scheduled for the proposed rule adoption and should in agent or attorney, the name, address, email adcomment period, written submissions including	action of copies. Che allowed in the read telephone/email of telephone/email of the promote spended by the promote this rule on Data to scheduled on this proceeding must be held should be submitted to clude the name, address, and telephone nu	a. 6 proposed amendment will cliding rooms and electronic device reference service; and updated rule: § 29-59-1, 25-59-9, 39-3-1 reposed rule: Policy for Certificate:  E: Time: Place: rule.  If a written request for an oral proceed the agency contact person at the above so, email address, and telephone number mber of the party or parties you repressible.	arify issues related to access to es, and self-service copying; and language related to current related to for Reading is submitted by a political subdivision address within twenty (20) days after of the person(s) making the request; ent. At any time within the twenty-fivent.	o the reading nd will clarify iference fees, ang Room  sion, an agency or the filing of this and, if you are and (25) day public	
ECONOMIC IMPACT STATEMENT:					
☑ Economic impact statement not re	quired for this rule.	Concise summary of ed	onomic impact statement atta	ached.	
Original filing Renewal of effectiveness New To be in effect in days Amen Effective date: Immediately upon filing Adop Other (specify): Proposed fir 30 da		osed: rule(s) adment to existing rule(s) al of existing rule(s) sition by reference hal effective date: eys after filing r (specify):	FINAL ACTION ON RULES  Date Proposed Rule Filed: 7-31-15  Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed  Effective date: X 30 days after filing Other (specify):		
Printed name and Title of person authorized to file rules: Amanda Lyons, Assistant to the Director Signature of person authorized to file rules:					
OFFICIAL FILING STAMP	DO NO	T WRITE BELOW THIS LINE FICIAL FILING STAMP	OFFICIAL FILING STA AUG 2 7 2015 MISSISSIPP SECRETARY OF S		
Accepted for filing by	Accepted f	or filing by	Accepted for filing by	7, 7	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.